

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-679)**

SERIAL NO.

FILING O

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	NO.	DEF.	NO.	DEF.	NO.	DEF.		NO.	DEF.	NO.	DEF.
1							61				
2							62				
3							63				
4							64				
5							65				
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39							99				
40							100				
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45											
46											
47											
48											
49											
50											
TOTAL NO.	5						TOTAL NO.				
TOTAL DEF.	2						TOTAL DEF.				
TOTAL	26						TOTAL				